```
     (FILE 'HOME' ENTERED AT 14:50:18 ON 13 JAN 2005)

     FILE 'STNGUIDE' ENTERED AT 14:50:33 ON 13 JAN 2005
L1            0 S EFFERVESCEN? OR ?CARBONATE

     FILE 'CAPLUS, USPATFULL' ENTERED AT 14:51:30 ON 13 JAN 2005
L2       735095 S EFFERVESCEN? OR ?CARBONATE
L3        70577 S PROGESTERON?
L4        46731 S VAGIN?
L5           24 S L2 (P) L3 (P) L4
L6         4122 S (ADMINISTER? OR CONTACT? OR TREAT?) (3A) L4
L7            4 S L5 AND L6
L8         9367 S EFFERVESCEN?
L9            4 S L5 AND L8
L10           3 S L9 NOT L7
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L8 ANSWER 7 OF 14 CAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1987:561499 CAPLUS
DOCUMENT NUMBER: 107:161499
TITLE: Bioavailability of **progesterone** with different modes of administration
AUTHOR(S): Chakmakjian, Zaven H.; Zachariah, Nannepaga Y.
CORPORATE SOURCE: Med. Cent., Baylor Univ., Dallas, TX, USA
SOURCE: Journal of Reproductive Medicine (1987), 3(6), 443-8
CODEN: JRPMAP; ISSN: 0024-7758
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The bioavailability of micronized **progesterone** (I) was studied by measuring sequential serum I concns. after a single bolus of 50-200 mg I given sublingually, orally (capsule and **tablet**), **vaginally** and rectally (suppositories) during the follicular phase in a group of normally menstruating **women**. When compared to other modes of I administration, the area under the curve during the first 8 h was twice as high with the rectal route. With 50 and 100 mg I given sublingually and 100 and 200 mg ingested as **tablets**, peak levels and area under the curve were twice as high with the higher dosage. The response was more sustained with the higher dosage. All subjects exhibited a significant increase in serum I levels over baseline that persisted for at least 8 h. The I levels were still increased over baseline at 24 h in all subjects after the administration of 100-mg **vaginal** and rectal suppositories and 200-mg **tablets**. These findings are in general agreement with previous reports showing that luteal phase serum I concns. can be reached easily with nonparenteral modes of administering micronized I and that oral I administration could become an attractive alternative to the currently used oral mode of administering synthetic progestins.